



DEPARTMENT OF THE ARMY

Organization & Address

OFFICE SYMBOL

4 March 2024

MEMORANDUM FOR RECORD

SUBJECT: Recommendation to attend to the William Beaumont Army Medical Center (WBAMC) Healthcare Delivery Paramedic Program (HCDPP): RANK LASTNAME, FIRST NAME; SSN

1. This is to recommend RANK LASTNAME, FIRST NAME is authorized to attend WBAMC HCDPP from DATES OF ATTENDANCE.
2. Duty position; roles; responsibilities
3. Contributions to the organization and/or installation outside of daily duty responsibilities (can include formal and informal)
4. Military / Civilian education
5. Overview of recommended individual about commitment (actions opposed to adjective statements); initiative; and character. Close with why you are recommending this individual.
6. What difference will this training make for the individual and the organization. As a leader how do you plan to enable the individual's newly developed capability.
7. The point of contact for this memorandum is Operations Sergeant, Rank First Name MI Last Name, email, or phone number.

FIRST NAME MI LAST NAME  
RANK, BRANCH  
Position